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ABSTRACT

This is a series of four situation reports prepared by the International Planned Parenthood Federation for informational and consultative purposes. The countries reported on are Fiji, Indonesia, Israel, and the Philippines. Some of the latest statistical figures for each country are listed. They are area, population and growth rate, birth, death, and infant mortality rate, fertile women (15-44), population under 15, urban population, gross national product per capita per growth rate, and population per doctor and per hospital bed. Other general information presented concerns the ethnic groups, language, religion, economy, communications/education, and medical services of the four countries. A more detailed account is provided on the topic of family planning. Goals of the organization, legislation, associations and addresses, services, education research, and special projects are reported. Sources encompassing references and foreign assistance are also mentioned. (BP)

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Situation Report

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Country FIJI

Date APRIL 1975

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			18,272 sq. kms.[1]
Total Population	289,000	401,018	559,813 (1974)[2]
Population Growth Rate	3.4% p.a.	3.4% p.a.	1.5% (1973)[2]
Birth Rate	39.9	40.0	28.2 per 1,000 (1973)[2]
Death Rate	11.2	6.6	5.0 per 1,000 (1973)[2]
Infant Mortality Rate	56.6	36.1	21.5 per 1,000 (1973)[2]
Women in Fertile Age Group (15-44 yrs)		82,971	127,627 (1973)[2]
Population Under 15 yrs		45.2%	40.2% (1973)[2]
GNP Per Capita			US$470 (1971)[3]
GNP Per Capita Growth Rate			4.7% (1960-71)[4]
Population Per Doctor		2,500	2,070 (1971)[4]
Population Per Hospital Bed		181	350 (1973)[2]

1. UN Demographic Yearbook 1972.
2. Bureau of Statistics Estimate.
3. World Bank Atlas 1973.
4. UN Statistical Yearbook 1973.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

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GENERAL BACKGROUND

Fiji, which gained independence in October 1970, comprises 844 islands and islets, of which only 100 are permanently inhabited, but many more are used by Fijians, for planting food crops or as temporary residences during the turtle fishing season. Suva, the capital and chief port, has a population of 88,000. Population density in 1972 for the whole area was 30 people per square kilometre.

Ethnic

It is estimated that there were 244,848 Fijians, 283,820 Indians, 2,795 Europeans, 9,951 part-Europeans, 6,882 Rotumans, 7,295 other Pacific Islanders, 4,080 Chinese and 142 others in 1974.

Language

English, Fijian and Hindustani are the main languages. English is the official language and the medium of instruction in all secondary schools.

Religion

The main religions are, Christian Methodism practised by most Fijians, Hinduism practised by the Indians, plus Roman Catholic and Muslim minorities.

Economy

Agriculture is the backbone of the economy. Sugar is the most important industry and in 1974 $59 million worth of sugar was exported. Copra is the next important produce. Rice, bananas, dairy produce and vegetables are important products. Gold mining is a major export industry and secondary manufacturing industries are developing steadily. Forestry has a big potential in export. Tourism is growing rapidly. The Five-year Development Plan 1966-70, provided for capital expenditure of US$50.2 million, spread over almost every aspect of the territory's activities.

Communications/Education

Fiji Broadcasting Commission through Radio Fiji broadcasts in English, Fijian and Hindustani. In 1974, nearly 56,000 radio receivers are being used, i.e. about one radio per 10 people. There are two daily newspapers with a circulation between 15,000 and 20,000. There are four Hindi weeklies and two Fijian weeklies. In 1973, there were 638 primary schools, admitting 93.6% of children of school age. It is government policy to increase school places to accomodate 97% of children in the near future. There are 95 secondary schools, and free or partly-free places are awarded to deserving pupils in all of them. There are three primary teachers' training colleges, 23 technical and vocational colleges and one medical school.

Medical

Life expectation is high for both men and women - about 70 years. Health services are provided by the Medical Department and there are abundant private practitioners. The facilities include three large hospitals at Suva, Lautoka and Labasa - four divisional hospitals, 15 sub-divisional hospitals and 145 health centres. In addition, there are three special hospitals for the treatment respectively of TB, leprosy and mental illness, and a further hospital maintained by the Methodist Mission. In 1971, 256 physicians, 40 dentists, 39 pharmacists, 618 nursing personnel and 229 midwives provided services.

FAMILY PLANNING SITUATION

The Government of Fiji has a well established family planning programme, in which the Family Planning Association plays a major role, particularly in the field of public motivation and education. In 1973, the Association helped to establish a Senate Standing Committee on Population "to study population trends and their possible effects on the future of Fiji". The Committee will be of great importance for the future of family planning in Fiji.

Fiji provides an excellent example to other countries with population problems. Having once been described as facing the most dangerous demographic situation in the Pacific region with a birth rate of 42 per 1,000 in 1959, it has successfully reduced this to 28 in 1973. This was achieved through the highly successful national family planning structure and organisation jointly established by the Medical Department and the Association since 1963. All mass media are used extensively to persuade the people to plan their families and to obtain family planning advice and supplies, at their health stations, all as part of maternal and child welfare in the public health service.

It is interesting to note that in the past the Indian birth rate declined faster than the Fijian birth rate. However, family planning has gained acceptability amongst the Fijian population as well. Between 1965 and 1973, the Indian birth rate was reduced from 37.3 per 1,000 to 28.9 per 1,000; while the Fijian birth rate in the same period was reduced from 36.2 per 1,000 to 26.8 per 1,000.

Attitudes

The Government officials' attitude is all in favour of family planning as seen from their statements from time to time. The Governor-General speaking at Fiji's first parliament in November 1970, said "....in recent years, due in part to a well planned and well received family planning programme, the rate of population growth has slowed down, this does not solve the problem for the immediate future. The people entering the labour force during the next five years were already born ten years ago or more. It is therefore vital that every effort be made to meet the situation."

Legislation

Until 1969, the Pharmacy and Poisons Ordinance forbade advertising and sale of contraceptives by shopkeepers. The Family Planning Association accomplished amendment enabling the Association to advertise contraceptives. The Association has received formal authority to use its emblem on windows of shopkeepers who offer condoms, sponges or other lawful contraceptives for sale.

FAMILY PLANNING ASSOCIATION

The Association was founded in 1963, and became an IPPF member in 1967. It provides technical assistance to the Kingdom of Tonga, the Samoas, the Cook Islands, Gilbert and Ellice Islands and other neighbouring island territories.

Address

Family Planning Association of Fiji,
G.P.O. Box 619,
Suva,
FIJI.

Officials

Patron:	Her Excellency Adi Lady Cakobau
Vice-Patrons:	Lady Foster, Lady Jakeway, Dr. Elizabeth Stewart, Lady Maddocks, Lady Garvey
President:	Hon. Senator R L Munro
Vice-Presidents:	Hon. Ratu Sir Penaia K Ganilau, (Deputy Prime Minister)
,	Hon. W M Barrett, M.P.
	Hon. Mr. Justice Tikaram(Ombudsman)
Treasurer:	Mrs. D Stephens
Secretary:	Mrs. M Hatch

Services

All clinical services are provided by the Government. In 1970, the Association introduced a new programme and general storekeepers throughout Fiji were supplied with condoms to be sold at subsidised prices to the general public. Deliveries were at the rate of 18,000 per month. Retail selling prices, which were the same as at government clinics were 1¢ each against chemists prices of 3 for 25¢ or more. A mail order provision of condoms was maintained and 188,000 condoms were sold wholesale in 1972.

Information/Education

Information and education activities are the responsibility of the Association which has achieved a great success in this field. The Association holds group meetings in public places such as schools and libraries. It also reaches the public through the press (advertisements three times a week in English, Fijian and Hindustani press); film shows (all cinemas show Association slides) and radio (radio spots every day in Fijian and Hindustani sessions.)

The Association possesses a good collection of films and plans to produce motivational films. The Association also produces three different leaflets, each in English, Fijian and Hindi and a bi-monthly newsletter - World Population and Planned Parenthood News, which is very popular. A set of five new posters in English and vernacular were prepared and widely distributed.

GOVERNMENT

The target of the government programme was to reduce the birth rate to 25 per 1,000 and the population growth rate to 2 per cent by 1975.

Personnel

Minister for Health:	The Hon. James Shanker Singh
Secretary for Health:	Dr. Shiu Ramrakha
Family Planning Officer:	Dr. Peni Vuiyale

Services

The Government provides all family planning services through all its hospital establishments and health stations. Family planning is integrated in MCH and other health services. All medical staff are to some extent involved in family planning service. Pills are distributed by District Nurses during home visits within their area. Condoms are sold in shops throughout Fiji and by mail. Pills are the most popular although increase in sterilisation is being evidenced after the third child. Field workers are used for general education and motivation work.

All methods for family planning are used. The Medical Department and the FPA advocate mainly the IUD, orals and condoms. Sterilisation - both vasectomy and tubal ligation - is available only to those couples who satisfy certain criteria such as - those who already have the desired number of children and do not intend to have any more. Total clinic attendances increased from 28,359 in 1967 to 76,843 in 1970 and to 79,549 in 1972.

Number of women protected by various methods:

Year	Total	Orals	IUD	Condoms	Tubal Ligation
1968	18,053	5,060	10,051	1,032	1,910
1969	24,100	9,600	10,000	2,000	2,500
1970	26,350	8,325	9,828	2,502	5,695
1971	27,582	9,256	7,715	3,839	6,772
1972	31,579	11,263	7,818	4,746	7,752
1973	30,402	8,442	7,368	3,809	10,783

Training

The Government Medical Department trains all medical and para-medical personnel in family planning techniques.

FOREIGN ASSISTANCE

International Planned Parenthood Federation - provides token grant to the Association and since 1970 also supplies condoms.

USAID provides contraceptives.

United Kingdom Overseas Development Ministry supports the family planning programme and gives technical assistance.

Population Council - Fiji participates in the Population Council's IUD programme and receives IUDs from this source.

SOURCES

Annual Report 1973 - Family Planning Association of Fiji.

Family Planning Manual 1972 - Family Planning Association of Fiji.

World Population and Planned Parenthood published by Family Planning Association of Fiji.

Australasia and the Far East 1974 Europa Publications Ltd., U.K.

Situation Report

Distribution *

Country INDONESIA Date FEBRUARY 1975

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,491,564 sq. kms.[1.]
Total Population	76,000,000	93,000,000	120,400,000 (1972)[1.]
Population Growth Rate	1.8%	2.3%	2.8% (1963-71)[1.]
Birth Rate	52 per 1,000	43 per 1,000	48.3 per 1,000 (1965-70)[1.]
Death Rate	20 per 1,000	21.4 per 1,000	19.4 per 1,000 (1965-70)[1.]
Infant Mortality Rate			137 per 1,000 (1971)[2.]
Women in Fertile Age Group (15-44 yrs)			21,586,000 (1965)[1.]
Population Under 14 yrs			44.1% (1971)[2.]
Urban Population			17.5% (1971)[3.]
GNP Per Capita			US$80 (1971)[4.]
GNP Per Capita Growth Rate			1.3% (1960-71)[4.]
Population Per Doctor			27,655 (1971)[5.]
Population Per Hospital Bed			1,452 (1971)[5.]

1. United Nations Demographic Yearbook 1972.
2. The Population of Indonesia - WPY 1974 publication.
3. Population Census Results, 24.9.1971.
4. World Bank Atlas 1973.
5. United Nations Statistical Yearbook 1972.

* This report is not an official publication but has been prepared for informational and consultative purposes.

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GENERAL BACKGROUND

Indonesia is an archipelago of some 3,000 islands, of which the principal ones are Sumatra, Java, Kalimantan, Sulawesi, Maluku and West Irian. Java, Madura and Bali, which together comprise less than one-thirteenth of the total area of Indonesia, contain almost two-thirds of the population. While the average density for the country as a whole was 84 people per square kilometre in 1971, the corresponding figures for Java and Madura were 565. Jakarta is the capital of Indonesia.

Indonesia has been a republic since gaining independence from the Netherlands in 1949. The executive power at present rests with President Suharto, who is also the Prime Minister.

Ethnic

The indigenous population is Dentero Malay. Indonesia contains one of the largest Chinese minorities in South-East-Asia. In addition, there are small Arab, Eurasian and Indian minorities.

Language

The official language is Bahasa Indonesia. There are many regional languages and dialects.

Religion

According to the provisional 1971 census estimates - 94% of the population is Muslim, 5% Christian and 1% Hindu and others.

Economy

About 52% of the national income is derived from agriculture and in 1971 more than 63% of the people worked in agriculture. Less than 10% of Indonesia's land area is suitable for farming. The principal commercial crops and rubber, tobacco and coffee. In the second half of 1970, oil was discovered in Java. Petroleum and tin are valuable exports although 60% of the exports consist of agricultural produce. Some light and medium scale industry were introduced under the auspices of the First Five Year Development Plan (1969-74) prepared by BAPPENAS, the National Development Planning Agency.

Communications/Education

In 1972, there were 2,000,000 radio and 200,000 television receivers in use. There are 71 government controlled radio transmitters and many local commercial stations. 76 daily and weekly newspapers had a circulation of 1,500,000 in 1972.

Education is mainly controlled by the Department of Education and Culture. The Department of Religious Affairs runs Madrasahs (Islamic religious schools) at the primary level. In 1970,12.8 million pupils between 6 and 12 were enrolled in primary schools representing some 58.6% of all children of this age group. Literacy levels are high except in Irian. The 8 year compulsory education programme will be extended to the whole country by 1980. Since 1960, government expenditure on education has grown from 4.93% of the state budget to 9.92% by 1970. There are 29 state and 22 private universities.

Medical

There is a limited state welfare service providing old age pensions and medical care for government workers. In 1964, a hospital expansion programme with a target of 3,000 new beds every year was announced. In 1971, there were 1,199 hospital establishments with 86,022 beds and 4,516 physicians, 547 dentists, 311 pharmacists, 15,008 nurses and 6,977 midwives. Life expectancy is 47 years.

FAMILY PLANNING SITUATION

The Indonesian Planned Parenthood Association was founded in 1957, and pioneered family planning services in Indonesia. In 1968, the Government announced its support for family planning and founded the National Family Planning Institute, known as the Lembaga, which was replaced in February 1970 by the National Family Planning Coordinating Body (BKKBN). The BKKBN plans and coordinates the components of the National Programme, which are implemented by 11 official and private Implementing Units, of which the IPPA is one.

In 1968 the Government signed the United Nations Declaration on Population.

Legislation

Although the old law of Dutch origin, which prohibits the dissemination of information about contraceptive methods to the public has not yet been repealed, publicity for family planning is an integral part of the national programme and the Attorney General has declared that no one working in the family planning field will be prosecuted under this law. High customs duties on contraceptives have been abolished, provided they are imported through the Ministry of Health.

Abortion

Abortion is legal only to save the mother's life.

FAMILY PLANNING ASSOCIATION

Address

Indonesia Planned Parenthood Association,
Jalan Dr. Kusumah Atmadja S.H. 85,
Jakarta,
Indonesia.

Cables: IPPA, Jakarta Indonesia

Telephone: 45671

Officials

President:	Mr. R Brotoseno
1st Vice Chairman:	Mrs. M Hutasoit
2nd Vice Chairman:	Professor H M Judono
Treasurer:	Mrs. Dra. I Soebagjo
Hon Secretary General:	Mrs. Sophie Sarwono
Executive Director:	Mr. Burhanuddin Mubarad

History

The Association, which was formed in 1957 became IPPF member in 1967, made discreet progress during the pro-natalist Sukarno regime. In 1967, with the support of the government, the IPPA began to make rapid advances.

Since the Association was named as an Implementing Unit of the National Family Planning Programme in 1971 its primary role has been to provide training facilities to meet the requirements for fieldworkers in the programme. At the same time it is developing, through its branch structure, a community education and motivation programmes which supplement and support the national programme. At present the Association has 18 chapters and 200 branches.

The Association has under review the whole range of legislation affecting the national policy of population limitation. The Association is now working with various Ministries to decide how legal and administrative reforms can be initiated. The Government has already decided, for example, to limit family allowances for government employees to 3 children.

Medical and Clinical Services

In 1970, all clinical activities in Java and Bali were taken over by the Ministry of Health. The Association had responsibility for all medical and clinical services in the Outer Islands and supplied and helped to maintain family planning clinics in the islands outside Java, Bali and Madura, in addition to a number of model clinics in Java and Bali.

With the expansion of government services to 10 Outer Island Provinces in April 1974, IPPA is handing over most of its service operations in 412 clinics to the Department of Health and the Armed Forces. During 1973, the last full year of operation of these services, there were 37,000 new acceptors. The take-over by the Government was delayed and IPPA continued to operate these services during the first half of 1974, during which 15,700 new acceptors were recorded. IPPA's plans for medical and clinical activities are now based on the establishment of 14 self-supporting Maternity and Family Planning (M&FP) Clinics with beds and extension and home-delivery services, throughout Indonesia. The Association proposes establishing further M&FP Clinics in 1975 in remote areas not yet served by government facilities.

Information and Education

The involvement of the BKKBN and the Ministry of Information in the field of I&E has considerable implications for the Association. With fieldwork and mass communication programmes largely in government hands, the Association has concentrated its efforts on the intermediate, community level approach.

The Community Education Programme (CEP), introduced in 1972, continues to provide the main framework for the Association's communication efforts. It is based on a programme of local-level group meetings at which trained volunteer members of the Speakers' Teams give talks and answers questions. During 1973 there were more than 7,000 such meetings, attended by more than half a million people. On average, each Branch organizes six meetings per month. These mobile units achieved 1,000 films shows in 1973.

Other communication activities include the development of a radio cassette project in Central Java. This project aims to use the large number of small commercial stations in Indonesia.

The Association has produced a new booklet on family planning and religion and continues to get extensive media coverage of family planning news events.

Training

The training of family planning workers of all types, and especially fieldworkers, in 1971 and 1972 was one of the most successful tasks carried out by the Association. During the first plan period IPPA trained nearly 5,000 fieldworkers. At present the IPPA maintains a National Training and Research Centre, 6 Provincial Training Centres and 4 Sub-Training Centres. Linked to these training centres are Family Planning Demonstration Areas which serve as field training areas for students.

The BKKBN and its Implementing Units, including IPPA, are currently reviewing the future management of the training sector of the National Family Planning Programme. At present, there is a de facto sharing of management responsibility between the Department of Health (for medical and health personnel) and the IPPA (for fieldworkers and other non-medical personnel). The expansion of the national programme, especially increases in the fieldworker force, will place heavy demands on the training system. The IPPA also continues to train its own personnel. During 1973 the IPPA trained nearly 1,000 volunteers, Speakers' Teams members, religious and informal leaders to meet its own programme needs, and more than 4,000 government personnel - mainly fieldworkers, their group leaders and supervisors.

Research and Evaluation

The Bureau of Research and Evaluation has been merged with the National Training and Research Centre of which it is now a division. Most of the Division's attention is devoted to the evaluation of IPPA programmes. An overall examination of branch activities was initiated early in 1974, together with a study of factors affecting non-adoption of family planning. Research into the Law and Population question in Indonesia has been undertaken with UNFPA funds. A feasibility study on condom distribution in Semarang has been completed. The joint University of Indonesia/University of Leyden/IPPA project at Serpong, covering school health education and the attitude of religious leaders, is continuing.

GOVERNMENT

Address

Badan Koordinasi Keluarge Berentjana Nasional (BKKBN)
(National Family Planning Coordinating Body)

Jalan Let. Jen. Haryono,
Cawang,
Jakarta,
Indonesia.

Officials

Chairman:	Dr. Suwardjono Surjaningrat
Deputy Chairman I	Prof. A Hafid
Deputy Chairman II	Prof. H.M. Judono
Deputy Chairman III	Dr. Haryono Suyono

ORGANISATION

The National Family Planning Coordinating Body is the official government body responsible for coordinating the national family planning programme. Not part of the government departmental structure, the BKKBN is directly under the President's supervision through the Minister for People's Welfare. Overall responsibility for the implementation of the national family planning programme lies with the President, while the day-to-day work routine is carried out by the BKKBN and its implementing agencies. The President is assisted by the Advisory Council for National Family Planning, consisting of the Minister of State of People's Welfare (Chairman), Public Health (Deputy Chairman), Interior, Defense and Security, Education and Culture, Information, Religious Affairs, Social Affairs, and Finance, the Chairmen of the National Development Planning Board (BAPPENAS), and of the Indonesian Planned Parenthood Association.

The main functions of the BKKBN are coordination, planning, supervision, and research/evaluation. Family planning was incorporated into Indonesia's First Five-Year Development Plan where the objectives were:

1. to improve the health and welfare conditions of mothers, children, the family and the nation.
2. to raise the level of the people's living standard by decreasing the birth rate so that the population growth rate will balance increases in national production.

During the first plan period the BKKBN was operating on the islands of Java and Bali. During the Second Five-Year Development Plan which started in April 1974 government services will be extended to the outer islands. Acceptor targets for this period include the recruitment of nine million new acceptors (eight million from Java-Bali). The BKKBN, the Ministry of Health, the Ministry of Information, the Armed Forces and the IPPA are collaborating on plans for expansion.

Programme

The programme was considerably expanded in 1973 by funds provided by the International Development Association (IDA) of the World Bank and the United Nations Fund for Population Activities (UNFPA), which will amount to US$26.4 million over a five-year period. By the end of 1973, a number of projects were under way: nine new hospitals were included in a project to expand the hospital post-partum programme; work on the development of population education components for educational programmes began; research and evaluation activities were expanded; and sizable initial shipments of bicycles and motorcycles for field staff were being distributed. A Programme Implementation Unit was established to assure the smooth integration of project funds and activities into the ongoing programmes of the BKKBN.

Medical and Clinical Services - were provided through 2,206 clinics by the end of 1973, of which 1,564 were complete and 628 incomplete clinics (the latter do not insert IUDs). The cumulative number of acceptors from April 1970 through December 1973 was over 2.5 million (i.e. 17% of the women in the childbearing ages). The total number of new acceptors for 1973 was about 1,300,000 as compared with 727,000 for 1972.

Information and Education

The main thrust of the I&E programme is on interpersonal communication. The Government employs nearly 6,275 fieldworkers for their programme.

The most significant development in 1973 was the establishment of family planning implementing units in the Ministries of Religious Affairs and Information. These units are responsible for seeking ways to enlist greater support for the programme. The Association of Family Planning Writers, a group of journalists active in the field of family planning, was created to discuss how the press can most effectively support family planning programmes. A student movement for Zero Population Growth was established in Yogjakarta. With BKKBN support, the group has launched a family planning communication programme to promote family planning among young people. The Ministry of Education and private institutions organise programmes in population for in-school and out-of-school groups.

Plans are under way for the use of 115 mobile information units that are expected to become available in 1974-75 under the joint Indonesia/IDA/UNFPA Population Project.

Research and Evaluation

A number of research projects were completed during 1973: surveys in three provinces to determine the accuracy of acceptor reports; an evaluation of serveral mass media materials; a set of province-wide surveys to assess use-effectiveness; a test of four variations on a proposed system for vital registration in a regency of East Java; and an evaluation of the effects the mobile family planning exhibit in Bali had on knowledge, attitude, and practice (KAP) of family planning.

Studies under way or funded during the year but not yet completed include: a major national study of fertility and mortality; KAP surveys of minorities in all provinces; a study of communication in the Regency of Serpong; a long-term epidemographic study under way since 1971 in the Regency of Bekasi; a project to study traditional means of birth prevention; a project to establish ten vital registration areas; more studies to verify clinic records of acceptors; a study of the organizational determinants of family planning diffusion sponsored by the UN Economic Commission for Asia and the Far East; an evaluation of the special drive in East Java, focusing on socio-psychological effects and use-effectiveness; a community-oriented KAP survey in East Java; a time and motion study; and a study of the status of women.

OTHER ORGANIZATIONS

1. IPPF - provides annual assistance to the Association.
2. UNFPA/IDA - are providing assistance for the national family planning programme for five years. IDA is providing the Indonesian Government with a credit of US$13.2 million for a term of 50 years, including 10 years of grace-interest fee, with a service charge of ¾ of 1%. UNFPA is committing an equivalent amount in form of a grant and the Government is adding $6.6 million, making a total of $33 million. The support provides for physical facilities, technical assistance, training motivation, evaluation, research and population education. The project is part of the national family planning programme, currently covering Java and Bali, which evolved partially from the recommendations of the UN WHO - World Bank Mission to Indonesia (1969).
3. UNFPA has financed IPPA for the Law and Population Project.
4. UNICEF - has provided assistance for training nurses/midwives in family planning. Also assistance provided for transport and salary supplements.
5. USAID - plays a major part in the setting up of a viable family planning programme in Indonesia, providing both technical and financial help.
6. SIDA (Swedish International Development Authority) - is supporting the Government programme with contraceptives.
7. The Netherlands Government - contributed three-quarters of the cost of building the National Training and Research Institute.
8. UKODM (United Kingdom Overseas Development Ministry) - has financed IPPA for the traditional midwives project in Central Java.
9. Japanese Organization for International Co-operation in Family Planning - is supporting the Government and IPPA programme with contraceptives and vehicles.
10. Asia Foundation - is providing assistance to Council of Churches for educational training programmes.

11. The World Assembly of Youth - holds family planning seminars.

12. Church World Services - have contributed for family planning training clinics in North Sumatra and Sulawesi.

13. OXFAM - has provided assistance to expand home visiting of family planning clinics and to maintain a model clinic in Semarang and for educational programmes in Surabaya, Jakarta and Sulawesi.

14. Pathfinder - supplies contraceptives and has a small training programme in Bali.

15. The Ford Foundation - has provided assistance for the establishment of a family planning and research centre at the National Institute of Public Health.

16. The Population Council - supports post partum programmes in three hospitals in Jakarta and two in Bandung; most of the IUDs in the family planning programme are provided by the Council.

17. Mennonite Central Committee - supports family planning in the Tapi Christian Hospital, Java.

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Europa Yearbook 1974.

Australasia & The Far East 1974. Europa Publications, U.K.

IPPA Annual Report 1973.

East Asia Review 1973 - Studies in Family Planning - May 1974, Population Council publication.

Indonesia - East West Communication Institute Inventory Analysis of International Support for Information, Education, Communication in Population/Family Planning.

Situation Report

Distribution *

Country ISRAEL Date APRIL 1975

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1948	1963	LATEST AVAILABLE FIGURES+
Area			20,770 sq. kms.
Total Population	873,000 (1948)	2,376,000 (1963)	3,374,000 (1974)[1].
Population Growth Rate			2.9 (1973)[2].
Birth Rate			27.2 per 1,000 (1973)[2].
Death Rate			7.2 per 1,000 (1973)[2].
Infant Mortality Rate			24.2 per 1,000 (1973)[2].
Women in Fertile Age Group (15-44 Yrs)			698,200 (1973)[2].
Population Under 15			32.9% (1973)[2].
Urban Population			84.0% (1973)[2].
GNP Per Capita			US$2,477 (1972)[3].
GNP Per Capita Growth Rate			7.5% (1968-71)[4].
Population Per Doctor			401 (1971)[4].
Population Per Hospital Bed			134 (1972)[3].

1. Israel Central Bureau of Statistics, Monthly Bulletin (Vol. 25-12) December 1974.
2. Israel Central Bureau of Statistics, Yearly Statistical Abstracts 1974 (No. 25).
3. Israel Central Bureau of Statistics, Yearly Statistical Abstracts 1973 (No. 24).
4. Israel Country Statement, World Population Conference, Bucharest, 1974.

+ Figures given include areas administered since June 1967.

* This report is not an official publication but has been prepared for informational and consultative purposes.

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GENERAL BACKGROUND

Within a total area of some 20,770 sq. km. (including the administered territories under control since 1967), the population of Israel numbered 3.4 million in November 1974. 84% of the population lives in urban areas. The 3 largest cities are Tel Aviv, with a population of 367,000, Jerusalem, the capital, with 326,400,and Haifa with 225,800 (1973).

In 1973 the population density was 164 persons per sq. km. However, the population is heavily concentrated in the coastal strip, particularly within the Tel Aviv-Jaffa area which accounts for about 33% of the inhabitants.

Ethnic Groups

Among the Jewish population (about 85% of the total population), there are two major sub-groups: the Ashkenazim (mainly of European and American origin), and the Sephardim and Oriental Jews (mainly from the Balkans, North Africa, the Middle East and Asia).

The Arab population constitute the second largest major grouping.

Languages

The official languages are Hebrew and Arabic. English, French, Russian, and other immigrant languages are widespread.

Religion

The majority of the population follows Judaism. Moslems (virtually all belonging to the Sunni sect) are the major sub-group, constituting about 75% of the non-Jews, with Christians (17%), Druze and others (8%) constituting smaller groups.

Economy

About 33% of the total population is under 15 and of those aged over 15, the proportion participating in the labour force was 49.2% in 1971.

Despite the problems of distribution of the labour force and continuous tension from 1948 to present day, the economy has expanded rapidly over the past few years.

Israel derives most of her income from industry - major commodities being food stuffs, beverages, textiles, metals and machinery. The most important export is cut diamonds. The agricultural sector is also important; the main export crop being citrus fruits.

Communication/Education

In 1972 there were 26 national newspapers. 89% of all families possessed radios, and 68% of all families possessed television sets in 1972.

Primary education (5-14) is free and compulsory; in addition, those aged 14 and above who have not obtained a school-leaving certificate have to attend special evening schools until fulfillment of this requirement.

In 1970/71 more than 2/3 of Jewish youngsters aged 14-17 were enrolled in schools. The standard curriculum is laid down by the Ministry of Education and Culture, though some variation is permitted with authorization.

Non-state school systems include those maintained for ultra-orthodox religious groups, and boarding schools, mainly agricultural, for young immigrants. Separate schools are maintained for the Arab population. In 1973/74, about 95% of Arab boys and 82% of Arab girls were enrolled in educational institutions.

There are 7 universities and several institutes of higher education in Israel.

Medical/Social Welfare

The health service structure is well-developed and widespread. The ratio of population to physicians is among the lowest in the world: 401:1 in 1971.

The gross reproduction rate among the Jewish population was about 1.5 in 1973, and of non-Jews, 3.5.

In 1973, the birth rate for the whole of the Israeli population was 27.2 per 1,000 with the birth rate for Jews being 24.2 and for non-Jews 44.7. The average number of children born to Jewish families is 2.5 (higher amongst those of African or Asian origin - 3.3, but declining), and about 4.6 for Arabs, 4.5 for Druze and others, and 3.2 for Christians. Mortality rates are, however, relatively low for all the population (life expectancy is over 70 years for both). It thus follows from the differential demographic patterns that the natural growth rate among non-Jews is about 2.5 times as high as among Jews.

There are some 800 Maternal and Child Health Centres, run by the Government, by the Workers' Sick Fund (Kupat Holim) of the General Federation of Labour, or by local authorities. The Sick Fund runs about 1,000 general out-patient clinics throughout the country, and this fund covers well over 70% of the population.

FAMILY PLANNING SITUATION

A family planning association undertakes informational activities.

Over the past 3-4 years much progress has been made in developing a national policy. The major public health services have been authorized to develop family planning services within the maternal and child health clinics, and a programme of family life education (including sex education) has been officially accepted by the Ministry of Education.

Family planning services are provided at out-patient clinics of most hospitals with maternity departments. Condoms are available in shops and pills can be obtained on a physician's prescription. Advice and IUD's can be obtained from private doctors and certain clinics but these are costly and may account for the limited use of contraceptives in Israel. One sample survey amongst Jewish urban women found that only 5% of women in the childbearing age groups used the IUD, 18% oral contraceptives, 20% other methods, and 57% used no method at all.

The very high frequency of abortions (despite legal prohibition) has given rise to concern and has emphasized the increasing need for more widespread family planning serivces.

Attitudes

A relatively small percentage of families use effective methods as, until recently, there has been a general lack of information among the public. However, there has been a distinct change in attitudes of late. The present, discernible trend towards increased acceptance and practice of family planning is expected to continue.

The relationship between Jewish religious law and the use of contraceptives has given rise to lively discussions and one school of thought sees no conflict between the two, in specific circumstances.

Legislation

There is no adverse contraceptive legislation. Abortion is permitted on medical grounds and no legal proceedings are taken if the women aborts herself. Amendments proposed by a Government-appointed Committee, intended to liberalise the law to include permission for social and psychological reasons as well, are at present under review by the Parliament.

FAMILY PLANNING ASSOCIATION

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Officials

Hon. President:	Professor I Halbrecht
Hon. Vice-President:	Miss I Stern
Hon. Secretary:	Professor M Lancet
Hon. Treasurer:	Professor D Serr
Executive Secretary:	Dr. J Tsafrir

History

The Association was formed in 1966 by a small group of gynaecologists who were giving family planning advice and services in their own hospitals. Around 1972 the Association began to widen its field of interest by drawing in other professionals from relevant disciplines. A meeting was held for interested persons at which a Council and officials were elected.

The Association runs no clinics at present but intends to encourage the health authorities to include family planning within their basic services. The Association receives technical and financial support from IPPF since 1974.

Information and Education

The immediate aims of the Association are to stimulate an awareness of the need of family planning amongst relevant institutions and government bodies and to encourage participation from professional groups. A series of workshops are planned to implement this programme.

High priority will be given to sex education, using both formal and out of school educational systems as well as mass media. The Association plans to develop materials for both young people and adults.

Research

A permanent research committee will be appointed. Its first task will be the summation of existant surveys and research. Later additional studies will be initiated. The Association hopes also to undertake a study of existing family planning services with a view to supplementing these through its own programme. A guide to family planning services in Israel will then be published.

GOVERNMENT

Population size and population dispersal, affecting manpower needs, development and security have been of central consideration for national planners.

A Government Demographic Centre was established in 1968 and charged with developing a population policy for the country. This policy aims to take in all efforts and programmes which have the objective of strengthening family life (such as income maintenance, social security, family and child allowances, taxation, housing, legislation and provision for working mothers, early child care services, legislation affecting the status of the family, the woman and child). In this context, family size is a major factor, and family planning is interpreted as facilitating decision-making through increased education and understanding of motivations and desires. As noted above, the population of Israel is heterogeneous, deriving from more and less advanced regions of the world.

Large families are found mainly among those strata of population which are least equipped to meet the requirements of life in a modern technological society. The population policy aims, therefore, at achieving a better balance in family size as between the different sectors of the population. Research projects have been undertaken in order to understand better both motivation and desired family size.

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Situation Report

Distribution

Country PHILIPPINES Date AUGUST 1975

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			300,000 sq. kms.[1]
Total Population	20,000,000	27,000,000	39,040,000 (1972)[1]
Population Growth Rate			3.0% (1963-72)[1]
Birth Rate			44.7 per 1,000 (1965-70)[1]
Death Rate	11.4	7.8	12.0 per 1,000 (1965-70)[1]
Infant Mortality Rate	105.5	73.1	62.0 per 1,000 (1971)[1]
Women in Fertility Age Group (15-44 yrs)			8,493,608 (1972)[1]
Population Under 15			44%[2]
Urban Population			31% (1970)[1]
GNP Per Capita			US$240 per annum (1971)[3]
GNP Per Capita Growth Rate			2.5% per annum (1960-71)[3]
Population Per Doctor	1,600	1,680	9,096 (1970)[4]
Population Per Hospital Bed	2,174	1,050	822 (1969)[4]

1. UN Demographic Yearbook 1972.
2. 1973 World Population Data Sheet, Population Reference Bureau Inc.
3. World Bank Atlas 1973.
4. UN Statistical Yearbook 1973.

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GENERAL BACKGROUND

The Philippines is the fastest growing country in Asia. It is made up geographically of 11 main islands and over 7,000 small islands. The Government consists of Executive, Legislative and Judiciary Departments with an elected President, and it has a well-developed system of local government. The capital is Quezon City with a population (city proper) of 754,452 in 1970.

The average family size in the Philippines is 6.8 children. Density was 130 persons per sq. km. in 1972.

Ethnic Groups

Filipinos are basically of Malay stock with a mixture of Spanish and Chinese blood.

Language

The national language is Filipino, based on Tagalog, a malay-polynesian language. It is spoken by 44% of the population. English and Spanish are also spoken. Major languages are Cebuano and Ilocano.

Religion

83.7% Roman Catholic; 4.8% Muslims and the rest comprise of minority religious groups.

Economy

Agriculture, forestry and fishing contribute about 35% of domestic product and employ about 60% of the labour force. Rice cultivation predominates. Half of those employed in agriculture are self-employed, tilling small farms of about 2 hectares. Timber, mineral extraction, tobacco, sugar and mining industries contribute largely to the economy.

Communications/Education

The Radio Control Office under the Department of Public Works and Communications acts as the radio and TV supervisory body. There are large numbers of radio and TV stations. There were 1,800,000 radio sets in 1972 (i.e. 46/1,000 population) and 421,000 televisions in 1971 (i.e. 11/1,000 population). In 1971, there were 18 daily newspapers with a circulation of 785,000 i.e. 21 per 1,000 inhabitants.

There is free education at all public elementary schools. Literacy is high - about 83% of the population aged 10 and over. In 1971 there were 447 kindergartens, 41,823 primary and 3,883 secondary schools. There were also 728 collegiate, 625 special vocational schools and 40 universities.

Medical

Life expectancy at birth - male; 48.81 years, female; 53.36 years. (Most recent figures for those born in 1946-49).

In 1970, there were 14,051 physicians, 6,841 nurses and 2,761 midwives providing medical services. Public health services such as innoculation and vaccination are provided free at state dispensaries and puericulture centres. Government Social Insurance System for government employees and the Social Security System for private employees provide coverage for retirement or life. Employed persons contribute to the scheme from their wages.

FAMILY PLANNING SITUATION

Until 1970, family planning services were provided mainly by voluntary groups, with some assistance from local government. In 1969, the two principal voluntary groups - Family Planning Association of the Philippines and the Planned Parenthood Movement in the Philippines merged to form the Family Planning Organisation of the Philippines. The same year President Marcos announced a Population Policy and in 1970 the Commission on Population was charged with "promulgating policies in family planning", promoting the broadest understanding of the family planning issue and maintaining contact with international agencies and other groups in other parts of the world engaged in family planning. The Commission acts as an overall coordinating and planning body of the national population programme. It has 5 members with working committees and FPOP is represented in some of the working committees.

In 1972, another decree was passed which made population programme an integral part of social reform and economic development. In 1973, a further decree made provisions for the limitation of maternity leave benefits to the first four deliveries, for offering free family planning services to employees, maintaining a clinic or infirmary and development and prescription of incentive bonus schemes to encourage family planning among married workers in all establishments employing 300 or more.

The targets for the plan period 1974-79 are:

1) Reduction in the birth rate from an estimated 43.2 per thousand in 1970 to 35.9 per thousand in 1977 and
2) The consequent reduction of the population growth rate from over 3% in 1970 to 2.4% in 1977. It is expected that by the end of the programme period a total of 3.5 million women, representing 58% of the eligible population will have accepted family planning.

Other organisations involved in family planning are the Institute of Maternal & Child Health (IMCH), The Philippines Medical Association, The Responsible Parenthood Council (RPC), Asian Social Institute, Social Communications Center, National Media Production Center, The Philippines Women's University Population Education Center, Institute of Mass Communication and Association of Philippine Medical Colleges. A private foundation has established the Population Center building which houses most agencies involved in family planning under one roof. The Population Center Foundation established in 1972/73 provides facilities and grants to population programmes carried out by the private sector.

Legislation

The law forbidding the importation, distribution, use or advertisement of contraceptives was changed during 1969. Voluntary sterilisation is legal. By the Presidential Decree of 1971, the Population Commission has the specific powers to employ physicians, nurses, midwives after relevant training to provide, dispense and administer all acceptable methods of contraception.

Abortion

Abortion is illegal. The Population Act of 1971 also explicitly provides that abortion is an unacceptable method of birth control.

FAMILY PLANNING ASSOCIATION

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Secretary:	Dr. Josephina A Gorospe
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Director of Information, Education and Communication:	Mr. Arturo C Carlos
Director of Clinical and Medical Services:	Dr. Danilo Lopez
Director of Training:	Miss Asuncion Gundiz
Director of Programme Planning, Research & Evaluation:	Mr. Roberto Santos
Director for Administration:	Mr. Elmer E Estrella
Project Coordinator:	Mr. Benjamin Valardes

History

Since its establishment in 1969 the FPOP has organized 51 chapters and has about 3,500 members. Although its programme covers all aspects of family planning, i.e. information, education, communication, training and medical and clinical activities, recent changes in emphasis are of importance: operations and programmes are directed increasingly to rural areas and a new emphasis is given to youth involvement and sterilization.

Medical and Clinical

The FPOP had 279 clinics in 1973 and by the end of 1974 the number rose to 313. The figures include the clinics run under the Agro-industrial project, City Health Office project and also those which are provided commodity assistance only. In 1974 FPOP recruited 82,010 new acceptors. Pills (49%) and condoms (21%) were the most popular methods with IUD coming third. The sterilisation programme launched in early 1974 recruited 5,394 cases. 6 sterilisation centres are now functioning and 2 further will be added during 1975.

Information and Education

As part of a community education thrust workshops are organised for motivators from the chapters aimed at identifying and counteracting misconceptions and beliefs inhibiting the potential acceptors. In 1974, a Consultative Conference for Key Men in Family Planning; A Non-governmental Consultation/Workshop on Youth oriented Population/Family Planning Programme; A National Youth Consultation Workshop; a one-day symposium on abortion and various seminars were organised.

A first step in involving male target groups was taken by the Suriago City Chapter when 50 barbers were included in a seminar for male motivators.

Workshops were organised for out-of-school youth leaders from various chapters. The FPOP youth wing has also launched programmes to reach in and out-of-school youth.

Information/motivation drive was launched with co-operation of Manila Youth and the Department of Local Government and Community Development in pre-selected hospitals and population concentrations.

Press releases, extensive radio broadcasts, TV spots and library services achieved a considerable degree of success. In the first half of 1974 several seminars were conducted for the mass communicators of the Rural Broadcasters Council, barrio captains, hilots (indigenous midwives), satisfied acceptors and youth and farmers (Department of Agrarian Reform co-operated). A motivational film on misconceptions on family planning was produced. Slide sets for vasectomy were also produced. Leaflets and pamphlets were distributed through chapters as an ongoing activity. A Happy Family Coupon was initiated in 1974 with the Population Commission. This is a mail based distribution scheme to reach specific target groups.

New projects for 1975 include the development of 500 depots for distributing 4,600,000 items of family planning literature. Distributors will be small retailers, drug stores, bakeries, beauty parlours, public markets and community halls. As part of the overall educational drive 72 local seminars will be organized for all types of rural leaders. The youth programme will focus on out-of-school youth in rural areas and all chapters will be encouraged to form youth programme committees. 1,800 discussion groups for barrio couples, 600 sessions for dialogues with priests and an unspecified number of discussions with labour groups and trade union leaders will be organized.

Training

Training is a separate unit and there are three training clinics under the Department's supervision.

A five-day workshop for 26 social work educators of the various schools of social work was held in February 1973 with a view to equipping them to participate in the family planning programme. 26 out-of-school youth administrators and 66 government personnel received training in contraceptive techniques. 94 doctors (83 from the government) 50 nurses (44 government), 4 social workers, 71 motivators (5 government) and 39 midwives (36 government) received training in family planning education. 48 FPOP doctors and para-medical personnel were trained in clinic management. A 'school of the air' course on family planning was started in 1973 and continued in 1974 with the assistance of the Rural Broadcasters' Council and the Philippine Broadcasting Service to train housewives. The Itinerant Training Team continued its programme of training in sterilisation in 1974. The Association also

concentrated on paramedics training in the light of Population Commission's plans of training paramedics to insert IUDs.

In 1975 priority will be given to the training of cooperative leaders to become motivators, training of physicians in sterilisation and nurses for pill prescription and IUD insertion besides the training of administrators physicians, nurses and agro-industrial family planning workers.

Special Projects

The Association in 1970 entered into a project agreement with Population Commission and USAID on the operation of Family Planning Clinics in Agro-Industrial concerns and City Health Offices. Under this agreement the Association trains clinic personnel, trade union leaders and community leaders at seminars and conferences and the companies operate family planning clinics.

Research and Evaluation

The Programme Planning, Research and Evaluation Division has responsibility for coordinating planning, programming and evaluation. A number of small projects were evaluated in 1973 both through progress reports and through evaluation of achievement measured against goals. The evaluation of clinic performance and of training programmes was scheduled to be carried out in 1974. The Central Office and East and South-east Asia and Oceania Regional Office of IPPF joined in an evaluation of the Agro-Industrial/CHO project in 1974.

For 1975 the following evaluations and studies are planned: post-training involvement in family planning of trainees from 1972-74; youth involvement in promoting family planning, chapter performance, effectiveness of mobile clinics, attitude of special ethnic groups to family planning, radio listnership family planning programmes, and the effectiveness of the rural thrust programme.

Fund Raising

Fund raising is the responsibility of the Foundation for Philippines Family Planning (FPFP) which was established on the initiative of the FPOP. A joint fund raising activity is "Operations Countdown" where supporters contribute one peso and may win handsome prizes including a monthly pension for five years. Chapters of FPOP will support the fund raising activities of the FPFP.

GOVERNMENT

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Officials

Chairman: Hon. Estefania Aldaba Lim
Executive Director: Dr. Rafael Esmundo

Medical and Clinical

Services

Family planning services were provided through 1,815 clinics in 1973. These belonged to various organisations and their work was planned by the Population Commission. Approximately 720,000 new acceptors were recorded at these clinics in 1973. 56% of the acceptors preferred orals; 18% condom; 13% IUD and 9% rhythm. The Population Commission has launched on a programme of training nurses and midwives in pill dispensing and IUD insertion. The emphasis is also on those services which reach the people in the barrios.

Information and Education

Interpersonal communication is provided through 2,540 clinic based family planning motivators and 1,300 other motivators. In 1973, the 11 government audio-visual information and motivation teams visited villages in 36 provinces and 300,000 people attended the meetings-cum-film shows.

The Population Education Project of the Department of Education and Culture aims at integrating population education into the curricula of elementary and secondary schools. In 1973, 152 supervisors were trained to become part of Supervisory Training teams. These have trained over 3,500 district supervisors, principals, teachers and college instructors in population education. Teacher guides and information booklets were also completed during the year.

The Department of Social Welfare has a Population Awareness and Sex Education Programme for out-of-school youth, aged 13-14. The project is in an experimental stage in 14 provinces and four cities.

Training

In 1973, 604 doctors, 475 nurses, 955 midwives and 329 motivators were trained in family planning. A standard training syllabus was also developed.

Evaluation and Research

The Population Commission created a Planning Division in 1973 to meet growing needs for programme planning. This division which replaced the Evaluation and Research Division, includes 3 sub-units - programming and project development, management information systems and research.

Research and evaluation projects currently under way in the Philippines include:

- A Motivator Pilot Study in three provinces of Luzon to develop a target and payment scheme for lay motivators that maximizes the number of new acceptors and continuing users;
- A study of the complications and demographic effects of immediate post-abortal insertions;
- An experiment to test the suitability of pill prescription by nurses and midwives and the subsequent increase in acceptance;
- A comparative trial of three methods of engaging hilots (indigenous midwives) in family planning recruitment, examining the effects on the performance of the hilots of a) training b) supervision and c) stipends;
- A study of a telephone service for Manila offering family planning information and referral;
- A major Law and Population Study at the University of the Philippines to compile, scrutinize, and, as appropriate, redraft the body of law bearing on family planning and population;
- Various studies of new contraceptives including new IUD designs and oral preparations.

OTHER ORGANISATIONS INVOLVED IN FAMILY PLANNING

IPPF - provides annual financial support for FPOP.

United Nations Fund for Population Activities (UNFPA) - The Government of Philippines and the UNFPA signed an agreement in 1972 by which the UNFPA would assist the family planning programme for a period of 5 years in the following areas: Programming, Evaluation and Research Unit of the Population Commission; Institute of Mass Communication for research, development and training in family planning communication; population education; training; equipment; supplies and fellowships. The total grant is US$3 million and the participating UN agencies are UNICEF, UNESCO, ILO, FAO and WHO. On the Government side the Executing Agency is the Commission on Population.

UNICEF - has helped to strengthen hospital facilities for post-partum family planning programme.

World Bank - The World Bank is giving a loan of $25 million to the Philippines National Family Planning Programme for building 205 rural health units and 11 training centres.

ILO - In 1974 organised courses for rural workers and trainers in family planning.

USAID - has provided extensive aid for services, training, IE&C to the government and to many other organisations in the Philippines.

International Development Research Centre (Canada) - has given funds for an anthropological study of four rural communities in the Laguna Lake area.

Japanese Organisation for International Cooperation in Family Planning - has supported FPOP, Philippines Medical Care Commission and Manila City Hospital with commodity assistance.

The Asia Foundation - provides grants to Mindanao- Sulu Secretariat of Social Action for a family life education project; to National Federation of Women's Club and to National Research and Development Centre for Teacher Education for Seminars; to Philippine Press Institute and Asian Social Institute Family Centre for production of materials; to RPC for an educational project and to IMCH for a project aimed at increasing the effectiveness of traditional birth attendants as family planning motivators in rural areas.

Family Planning International Assistance - has provided funding for MCH - integrated services, family planning training and educational projects to Lorma Hospital; to Inter-Church Commission on Medical Care; National Council of Churches in Philippine Wesleyan Population Center; Gabriel Medical Assistance Group;Asian Chapter of Medical Women's International Association; National Office of Mass Media; Social Communications Center Development and Research Foundation and Bio-medical Research Associates. Grants were also given to Mary Johnston Hospital for a pilot sterilisation project.

Association for Voluntary Sterilisation - provides grants for sterilisation project - both services and training - to the Philippine General Hospital, Jose Fabella Memorial Hospital, Bio-medical Research Associates and South Western University.

Ford Foundation - gives continued support to the Population Institute and also provides training and study grants. Grants are also given to the National Research and Development Centre for Teacher Education, University of Santo Tomas, Social Communication Centre and POPCOM.

International Association of Schools of Social Work - are assisting a pilot project to train qualified social workers in family planning.

International Educational Development - gave grants to Office for Human Development for a conference to create family planning awareness among church leaders.

Pathfinder Fund - provides commodities to family planning, clinics, distributes family planning films and supports staff of various clinics. Also sponsored IF&C, training and special sterilisation projects with various Philipino organisations and institutions.

OXFAM - has provided funds for 1971/72 and for 1972/73 to cover the cost of setting up family planning programme in Tarlac province with RPC.

World Neighbors - assisted in family planning programmes and provided for the establishment of a mobile clinic. It also maintains clinics in rural areas, conducts training programmes and engages in motivation campaigns.

Rockfeller Foundation - provided grants for bio-medical and social science research.

Church World Service - supplied commodities for 18 church supported hospitals.

World Education - gave assistance for educational programmes to the Philippines Rural Reconstruction Movement, FPOP and Department of Education.

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